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ABSTRACT

The impact of women on the field of academic medicine is examined. The failure of women to have reached positions of leadership is discussed and this failure is accredited to social and professional discrimination. It is noted that the leaders of American medicine today were trained during or immediately following World War II. However, at that time there existed tremendous professional discrimination against women in admission to medical school and social pressures to discourage women from professional careers. The Veterans Administration and other government agencies have been leaders in providing women access into the field of medicine. It is suggested that this is due to consistent enforcement over an extended period of time of a nondiscriminatory, affirmative action policy. This program has allowed an increasing number of women to follow a path of upward mobility within the Veterans Administration and government medical agencies. The proportion of women in medicine is increasing rapidly and this is viewed as one of the conditions necessary to insure that women have a significant impact on academic medicine. However, it is suggested that the fundamental problem concerns how women see themselves and how the social group views them in terms of their aspirations and capabilities. (SF)

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The Impact on Academic Medicine

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I have been asked to discuss in about 15 minutes, the question of the impact of women on academic medicine. If we examine the totality of achievements in medicine during the past quarter century and the role of women in these accomplishments, I can unfortunately quickly summarize their impact in two words -- very little. But this is too facile a reply. I would like to address myself now to the multiple reasons for the impotence of women in academic medicine and to some approaches I believe are necessary if the goals of upward mobility are to be achieved. The failure of women to have reached positions of leadership is undoubtedly due in large part to social and professional discrimination. The leaders of American medicine today are generally those in the over 50 age group, who were trained during or in the immediate post World War II period. At that time there was marked professional discrimination against women and other disadvantaged groups for admission to medical schools and there were strong social pressures acting to discourage women from adopting professional careers which supposedly would lead them to neglect the men recently returned from war, their homes and their children. Thus few women tried and even fewer succeeded. It is not by chance alone that in the United States there is no woman who is dean of a medical school, only one woman is chairman of a department of medicine, none chairing a department of surgery and only a handful heading the departments which women traditionally have entered, pediatrics and OB-Gyn.

At a time when deanships and chairs of medicine and surgery are unfilled and there are laws not only prohibiting discrimination but urging identification for promotion of suitable women and other deprived groups, these positions are not being offered to women and with good cause. If, as has been reported, women hold only 2% of the tenured positions in medical schools, they have hardly had the opportunity to gain the experience and expertise to qualify for the more senior positions in medicine. I would like to contrast this general situation with that within the VA, a branch of academic medicine which after World War II developed a tradition for medical science of unusual quality. Perhaps exceptional rather than typical in quality is my own hospital, the Bronx VA. One of us is to receive a Nobel Prize in Medicine, 3 have been elected to the National Academy of Sciences, 2 have received Lasker Awards for Basic Medical Research and we have a cadre of scientists distinguished in virology, endocrinology and gastroenterology. Although the VA must give preference to veterans, and few veterans are women, the VA's policy for over 20 years has been non-discriminatory. As a result, both in VA Central Office and in the field, women have achieved positions of prominence. The Directors in Central Office of the Pathology and of the Medical Research Services are women and, of course, one of the 7 VA Senior Medical Investigators, the most prestigious research position in the VA, is female. Four women are Hospital Directors, another six are Asst. Hospital Directors and four women MD's are Chiefs of Staff.

The VA has been a leader among government agencies in providing opportunities for upward mobility of women. Generally there is a more than 2-fold greater fraction of women in the higher grade levels in the VA then there is government-wide.

It is evident that consistent enforcement over an extended period of time of a non-discriminatory policy does permit an increasing number of women to follow a path of upward mobility so that they come to have an impact on academic medicine as in other professional fields.

Over the years women in what is now the over-50 age group have been denied the opportunity for junior roles in the medical schools. As a result we can hardly expect a significant number of them ever to participate fully in the higher echelons of academic medicine. It is to be noted that not only the VA but other government agencies have a much better record than the average for non-governmental institutions. For instance there is and has been a substantial group of successful women scientists in the NIH. However, even in the NIAMDD, women are proportionately much better represented in those sections designated as laboratory research than in the clinical sections. Whether because of affirmative action or simply because of inherent lack of prejudice, women are quite well-represented in the various advisory groups of the NIH.

As an incidental point I might mention that Dr. Mary Jane Jesse was recently named director of the Divisions of Heart and Vascular Diseases in the National Heart, Blood and Lung Institute and that Dr. Edithe Levitt has been named President and Director of the National Board of Medical Examiners -- in both instances firsts for women.

Affirmative action can help identify women of competence in the older age group but for the most part our efforts to generate the potential for upward mobility must be directed towards younger women -- the "middle management" --. Appointments as assistant and associate professor provide the crucible in which scientific, clinical and managerial talents are developed and matured. However our greatest concern should be the young physicians in training, the medical students and the college and even high school women who are now considering medicine and biomedical investigation as their career choice.

Before examining the particular problems for this group, let us pause for a moment and consider the more general problems relating to professional success and particularly how this relates to women. I think one must decide very early in one's professional life the extent of dedication and commitment one is prepared to make for a successful career. We have all heard that as Edison once said -- genius is 1% inspiration and 99% perspiration. For the lesser among us to have an impact the percent of perspiration may be even higher --and whether we like it or not women, even now, must exert greater total effort than men for the same degree of success.

Let me tell you the history of one woman who had enormous impact on academic medicine. Gerty Radnitz was born in Prague in 1896. Graduating at 16 from a girl's academy with the typical education appropriate to a woman, she decided on a career in medicine. To be accepted for Medical School she needed 8 years of Latin (she had had none), five more years of mathematics as well as physics and chemistry. Vacationing in the Tyrol that summer after graduation, she met a teacher at the gymnasium in Tetschen who, hearing of her plans, began her instruction in Latin. By the end of the summer she had mastered 3 years of Latin and within the next year at the Tetschen Gymnasium she completed all the coursework, including math through calculus, passed the examinations and entered Medical School at the University of Prague. There she met and, after completion of their MD's in 1920, married Carl Cori. For the rest of her life the Coris were partners in marriage, parenthood and in a remarkably productive research career. Nonetheless it is relevant to our discussion today to note that in 1931 when Washington University in St. Louis asked Dr. Carl Cori to accept a professorship on its staff, Dr. Gerty Cori was offered and accepted a position only as fellow and research associate. In view of the anti-nepotism rules generally and scrupulously observed at that time, even such a position was noteworthy.

She did not attain a full professorship until 16 years later, after she received the Nobel Prize jointly with her husband in 1947. Perhaps it is worthy of mention that in 1946 when Carl Cori received the Lasker Award for Basic Medical Research, Gerty Cori did not share it with him. As you may know, it was not till 30 years later that the first woman was to receive the Lasker Basic Research Award. In fact most honors came to Gerty Cori after she had received the Nobel Prize, including election to the National Academy of Sciences which had elected her husband 8 years earlier.

We like to believe that a young woman starting her professional career would find it easier today -- I am not certain how much easier it will be. The view of the woman's role in society prevalent in my generation is gradually changing. It is more acceptable now for women, even those with small children, to work. But it is unlikely that this assures women of equal opportunity with men for professional success, especially in science and academic medicine.

The proportion of women in medicine is increasing faster than in most other fields of science. In 1974 women comprised 11% of the graduating class of American medical schools and 22% of the first year enrollment. The percentage has since increased to about 30% of admissions. This dramatic increase is of course due largely to affirmative action.

However the rumors that it is easier for a women to be accepted in medical school than a man are prejudicial -- suggesting that although only 1/2 as many women are accepted as are men, the women are less talented, should aspire less, and be willing to accept a lesser role in medicine. Perhaps what is implied is that the role of women in American medicine will be as super-nurses, for nursing has long been accepted as a female occupation. It is commonly stated that the preponderance of women in Russian medicine accounts for its lower status vis-a-vis American medicine, although no such difference between the two countries is thought to exist in mathematics or in hard science. In Sweden some 20 years ago women comprised 20% of the entering classes in medical school -- the number has since risen to about 40%. In spite of a long history of a high fraction of women in medicine, there are no women senior professors in medicine or surgery. Women in high levels are found only in pediatrics, child psychiatry and immunology -- the more traditional women's fields. It is not without interest that there are no women among the 15 members of the Nobel Committee for Physiology and Medicine.

It is evident that increasing the number of women in medicine is a necessary but is not a sufficient condition for assuring that women have a significant impact on academic medicine. It is evident too from VA and other government medicine agencies that affirmative action and relatively lesser discriminatory policies do result in an improved role for women.

However the major attack must be on the fundamental problem -- namely how women see themselves and how the social group views them in terms of their aspirations and capabilities.

As evidenced by the failure to have passed the Equal Rights Amendment, a significant fraction of people, especially women, believe that women like to be and belong in the home, that a woman should not be smarter than her husband, or make more money or be too successful or independent.

It leads women such as Dr. Lucia Fischer-Pap, Assistant Professor of Medicine at University of Illinois in Rockford to state (in Med. World News, 9/5/77)

> "There are differences in performance between male and female doctors that are not likely to disappear overnight. "Equality of performance" in medicine could come about only with unisex, state-raised offspring, communal living, and zero population growth."
>
> "Let's be realistic and give up that dream of absolute equality. A relative equality with differences is the best we can hope for, as long as we still look and behave like women."

In a Symposium in 1976 at the Washington meeting of the Physical Society, there was a series of reports on 10 NSF funded studies that sought to determine factors influencing career decisions by women in science.

Among the conclusions were that in a poll of young men and women of high school age, 89% believed the roles of women in science should be equal to those of men. However even in this age group, science-leaning women encounter discriminatory attitudes in that young science-oriented high school women soon learn -- from their teachers, counselors and associates that they must be harder working and achieve more but should expect less success than their male counterparts.

These are real problems which may never disappear or at best will disappear very slowly. We cannot expect that in the foreseeable future women will achieve stature in academic medicine in proportion to their numbers. But if we are to start moving towards that goal we must believe in ourselves or no one will believe in us; we must match our aspirations with the guts and determination to succeed; and for those of us who have the good fortune to move upwards, we must feel a personal responsibility to serve as role models and advisors to ease the path for those who come afterwards. We should ask not for reverse discrimination but simply for equality of opportunity -- so that those of us who wish can reach for the stars.